

## CORRESPONDENCE

a diagnosis of pulmonary embolism. Also, Murphy's criteria for diagnosing Buerger's disease are not clear.

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## Traveler's Diarrhea

TO THE EDITOR: Emporiatic enteritis (traveler's diarrhea, *turista*, Montezuma's revenge) has been reported in as many as 40 percent of members of groups visiting endemic areas,<sup>1</sup> and has been linked to an enterotoxigenic *Escherichia coli* as one of the etiologic agents.<sup>1</sup> Various modalities for prophylaxis have been recommended to decrease the rate of affliction, but no study has been reported to compare the various efficacies of these therapies.

I recently served as the tour physician for the members of the Los Angeles Philharmonic Orchestra, and distributed a questionnaire to the orchestra four days after completing a six-day tour of Mexico City, soliciting retrospective data about health problems including diarrhea during the preceding ten days. Of 110 questionnaires, 93 (85 percent) were returned. A rigorous health orientation was offered to the orchestra before departure, outlining nonmedicinal precautions to be taken with regard to food and drink. Prophylaxis with doxycycline (200 mg to start and 100 mg every day for the duration of the Mexican portion of the tour<sup>2,3</sup>) and Pepto-Bismol (2 oz four times a day<sup>1</sup> or two tablets four times a day) was made available. The use of *Lactobacillus acidophilus* tablets (freeze-dried) was discussed with more "holistic" members of the orchestra.

Overall, 37 percent of the orchestra had some instances of diarrhea reported, and only 24 percent had it more than four times a day. Thirty-nine people took no prophylactic medication, and they had a 30 percent diarrhea rate. Twenty-four people took doxycycline for prophylaxis, with 16 percent having any diarrhea. Fourteen people reportedly took the *L. acidophilus* tablets prophylactically, with a 42 percent diarrhea rate. Fifteen people took Pepto-Bismol, but it later appeared that the questionnaire was unclear as to that which

was taken for prophylaxis versus that taken for therapy, as they had an 80 percent diarrhea rate. Although none of these data are statistically significant, they are suggestive of the usefulness of doxycycline as prophylaxis.

Analysis of the relationship between food and drink and the incidence of diarrhea failed to show much difference between being "compulsively careful" and "moderately careful." It is clear, however, that the large number of people who were at least moderately careful did have less diarrhea than those who were "not at all careful." There was no relation between meals taken only at the hotel, meals taken elsewhere, the use of hotel water (*agua purificada*) for drink or the brushing of teeth, and the incidence of diarrhea. There did not appear to be a relationship between previously having had traveler's diarrhea, having a "sensitive stomach" or the instrument played and the rate of diarrhea. Anxiety about concerts on tour was not a significant factor. No one was unavailable for a concert due to significant illness until the seventh day.

In summary, some lessening of the overall diarrhea rate may have been achieved by a careful predeparture orientation of all members of the orchestra. Those who took doxycycline had less diarrhea than any other group. The *L. acidophilus* tablets may have caused more diarrhea than they prevented. The role of Pepto-Bismol in the prophylaxis of emporiatic enteritis is unclear.

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## Birth Parents, Adoptive Parents and Adoptees

TO THE EDITOR: I was late in reading my journals, so just recently I noted the letter from a medical student, C. Mark Hynum, in the February 1982 issue<sup>1</sup> in response to our own article of July 1981,<sup>2</sup> "Adoption: Pediatric, Legislative and Social Issues," and the comment in the October 1981 issue by Xavier Gonzalez, MD.<sup>3</sup>

As a belated reply, first to Dr. Gonzalez: The need and the desire for anonymity of the birth parent has been greatly overemphasized. The few